

Date Received _____	Date Approved _____	Notes _____
Initials _____	Initials _____	_____



Certified Peer Recovery Specialist Application

Part Two: Certification

***Please note that pursuant to Tenn. Code Ann. § 10-7-502(a), all state records are considered open for public inspection, unless otherwise protected under the law. Accordingly, the State cannot and does not guarantee the confidentiality of this application, any notes, files, reports or other documents received by the State or in possession of the State in conjunction with this application.*

Name _____ Date _____

Address _____

City, State, ZIP _____

Phone (w/area code) _____

Email (required) _____

1. Have you successfully completed Tennessee's Certified Peer Recovery Specialist Training within the past year? *(If not, complete Part One of the CPRS Application before proceeding.)* ☐ YES ☐ NO
2. Have you enclosed three separate, Letters of Professional /Personal Reference on the required form? ☐ YES ☐ NO
3. Have you received a minimum of three hours of supervision from a behavioral health professional in accordance with acceptable guidelines and standards of practice by the State and as defined in the CPRS Handbook? ☐ YES ☐ NO
4. **A.** Are you employed in the behavioral health field under the general supervision of a behavioral health professional in accordance with acceptable guidelines and standards of practice as defined by the State? ☐ YES ☐ NO

B. Have you provided volunteer peer recovery services in the behavioral health field under the general supervision of a behavioral health professional in accordance with acceptable guidelines and standards of practice as defined by the State? ☐ YES ☐ NO

Your Position _____ Today's Date _____

Agency/Organization _____

Start Date _____ End Date _____ ☐ PAID ☐ VOLUNTEER

Briefly describe your **peer support** responsibilities/duties and how you use your lived experience in your work: _____

Supervisor _____ Credentials _____

Supervisor's Phone _____

Attach more pages as needed for additional work or volunteer experience providing peer recovery services.

My signature below affirms that all of the information contained in this application is true and correct to the best of my knowledge and has been completed by no other person. I understand that knowingly providing false information shall be grounds to deny or revoke my certification.

Your signature _____ Date _____

Your printed name _____

Once complete, send the following five items to TDMHSAS at the address below:

1. CPRS Application Part Two
2. Employment Summary /Volunteer Service Summary completed by supervisor (see form on website)
3. Three separate, Letters of Professional /Personal Reference (see form on website)

Send to:

Peer Recovery Coordinator
Tennessee Department of Mental Health and Substance Abuse Services
5th Floor Andrew Jackson Building
500 Deaderick Street
Nashville, Tennessee 37243

Fax: 615-253-3920

Email: CPRS.TDMHSAS@tn.gov